## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Stop ISSUE Feed Commissioner for Patents P.O. Box 1450
Alexandria, Virginia 22313-1450

or Fax (571)-273-2885

INSTRUCTIONS: This appropriate. All further indicated unless correcte maintenance fee notifica	ed below or directed oth	for transmitting the ISSUng the Patent, advance of nerwise in Block 1, by (a	JE FEE and PUBLICAT rders and notification of a) specifying a new corre	TON FEE (if requi maintenance fees w spondence address;	red). B vill be r and/or	slocks 1 through 5 s mailed to the current (b) indicating a sep	should be completed where correspondence address as arate "FEE ADDRESS" for
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)				Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.			
26371				C			
FOLEY & LARDNER LLP 777 EAST WISCONSIN AVENUE MILWAUKEE, WI 53202-5306				Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.			
							(Depositor's name)
							(Signature)
							(Date)
APPLICATION NO. FILING DATE		FIRST NAMED INVENTOR		1	ATTORNEY DOCKET NO.		CONFIRMATION NO.
10/807,216 03/22/2004			Joseph Theodoor Knitel		079811-0158 3299		
TITLE OF INVENTION	: CAPPUCCINO PREPA	ARATION					
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE	FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1510	\$300	\$0		\$1810	11/12/2009
EXAMINER		ART UNIT	CLASS-SUBCLASS	1			
ALEXANDER, REGINALD		3742	099-30200R				
	ence address or indicatio		2. For printing on the	natent front page lis	t		
CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form			(1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to				
PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
3. ASSIGNEE NAME A	ND RESIDENCE DATA	A TO BE PRINTED ON	THE PATENT (print or ty	pe)			
PLEASE NOTE: Unl	ess an assignee is ident	ified below, no assignee	data will appear on the p T a substitute for filing an	atent. If an assigne	ee is id	entified below, the d	ocument has been filed for
(A) NAME OF ASSIG	•	(B) RESIDENCE: (CITY and STATE OR COUNTRY)					
Sara Lee/DE	N.V.		Utrecht	, Netherla	nds		
Please check the appropr	iate assignee category or	categories (will not be pr	rinted on the patent):	Individual 🗷 Co	rporatio	on or other private gr	oup entity Government
4a. The following fee(s):	are submitted:	41	o. Payment of Fee(s): (Ple	ase first reapply an	v previ	iously paid issue fee	shown above)
Issue Fee			A check is enclosed.				
Publication Fee (No small entity discount permitted)			Payment by credit card.				
Advance Order - # of Copies			The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number (enclose an extra copy of this form).				
5. Change in Entity Sta	*	*					
	s SMALL ENTITY state		☐ b. Applicant is no lon				
NOTE: The Issue Fee an interest as shown by the	d Publication Fee (if req ecords of the United Sta	uired) will not be accepte test Patent and Trademark	from anyone other than to Office.	the applicant; a regis	stered a	ttomey or agent; or tl	ne assignee or other party in
Authorized Signature	Salf	DARX		Date 11/4	/200	)9	
Typed or printed name	Scott D. Ar	nderson		Registration N	o. <b></b>	6,521	
This collection of inform an application. Confident	ation is required by 37 C tiality is governed by 35	CFR 1.311. The information U.S.C. 122 and 37 CFR	on is required to obtain or 1,14. This collection is es	retain a benefit by th timated to take 12 n	ne publi ninutes	c which is to file (and to complete, includir	d by the USPTO to process) ag gathering, preparing, and

submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.